

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.46

FILED JUL 7 - 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2792

1. PLACE OF DEATH a. COUNTRY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>20 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>1627 Tracy Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOE</u>	b. (Middle) _____	c. (Last) <u>FRIERSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28 1951</u>
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5. SEX <u>MALE 2</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOVEMBER 17 1884</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>OXFORD, MISSISSIPPI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FLAVIS COOPER FRIERSON</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE FRIERSON</u>	14. NAME OF HUSBAND OR WIFE <u>W. H. SMITH</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-10-9876</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELIZABETH F. SMITH</u>	ADDRESS <u>1627 Tracy Avenue</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL THROMBOSIS</u>	DUE TO (b) <u>HYPERTENSIVE CARDIO VASCULAR DISEASE</u>		<u>44 3/4</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HEMIPLEGIA (LEFT ARM)</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-3, 1951, to 6-28, 1951, that I last saw the deceased alive on 6-28, 1951, and that death occurred at 2:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank E. Hill</u>	(Degree or title) <u>Sur. Md.</u>	23b. ADDRESS <u>600 East 22nd Street</u>	23c. DATE SIGNED <u>6-29-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 2, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LINCOLN</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u>
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DATE REC'D BY LOCAL REG. <u>7-2-51</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Davis</u>	ADDRESS <u>1415 Roman St.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed *W. E. Davis*

Signed.....
Student Embalmer

Licensed Embalmer No. 4417

P. O. Address R. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.